PTO/SB/06 (07-06) Approved for use through 1/31/2007, OMB 0651-0032

Approved or use introgri 1/31/2/07. Avid bost-10/32
U.S. Patent and Trademark Cflice; U.S. DEPARTMENT OF COMMERCE
Under the Papervork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875							Application or Docket Number 10/673,612			ing Date 29/2003	To be Mailed	
APPLICATION AS FILED – PART I (Column 1) (Column 2)							SMALL ENTITY 🛛			OTHER THAN OR SMALL ENTITY		
⊢	FOR		NUMBER FILED		NUMBER EXTRA		RATE (\$)	FEE (\$)	OK.	RATE (\$)	FEE (\$)	
	BASIC FEE	\neg	N/A	.ED NO	N/A		N/A	FEE (a)	ł	N/A	FEE (8)	
┢	(37 CFR 1.16(a), (b), s SEARCH FEE	or (c))	21/4				H		ł			
H	(37 CFR 1.16(k), (i), o		N/A	_	N/A		N/A		l	N/A		
TO	(37 CFR 1.16(o), (p), 1		N/A		N/A		N/A		l	N/A		
(37	CFR 1.16(i))		minus 20 =		•		x \$ =		OR	x s =		
(37	EPENDENT CLAIM CFR 1.16(h))		minus 3 = *			1	x \$ =			x \$ =		
	APPLICATION SIZE (37 CFR 1.16(s))	FEE shee is \$2 addit	ts of pap 50 (\$125 ional 50 :	gs exceed 100 in size fee due for each in thereof. See CFR 1.16(s).								
	MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))								1			
* If	* If the difference in column 1 is less than zero, enter "0" in column 2.								1	TOTAL		
	APPI	DED - PART II		OTHER THAN SMALL ENTITY OR SMALL ENTITY								
AMENDMENT	03/09/2009	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)	
	Total (37 CFR 1.18(i))	· 23	Minus	 20	= 3	1	X \$26 =	78	OR	x s =		
	Independent (37 CFR 1.16(h))	• 3	Minus	3	= 0	1	X \$110 =	0	OR	x s =		
	Application Size Fee (37 CFR 1.16(s))											
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))								OR			
							TOTAL ADD'L FEE	78	OR	TOTAL ADD'L FEE		
(Column 1) (Column 2) (Column 3)												
AMENDMENT		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)	
	Total (37 CFR 1,16())		Minus		=	1	x \$ =		OR	x \$ =		
M	Independent (37 CFR 1,16(h))		Minus	***	=]	x \$ =		OR	x s =		
Ä	Application Size Fee (37 CFR 1.16(s))]			1			
ΑM	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))					1			OR			
									OR	TOTAL ADD'L FEE		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3". The "Highest Number Previously Paid For" (Total or independent) is the highest number found in the appropriate box in column 1.												

This collection of information is equated by 37 CER 1.10. The information is required to obtain or retain a benefit by the public which is in Sife (and by the USETO to noceess) an implication. Confidentiality is governed by 85 US of 22 and 37 CER 1.4. This collection is estimated to state 27 animates to complete in excluding patternity, preparing, and submitting the completed application form to the USETO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or segregations form doubling this burdon, also also be sent to the CENTED (Formation 4). The complete is complete in the information of Direct. U.S. Fattern and Trademark. Office, U.S. Department of Commerce, P.O. Box 1450, Alexandrias, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissionment for Patternity, P.O., Box 1450, Alexandrias, VA 22313-1450, DR NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissionment for Patternity, P.O., Box 1450, Alexandrias, VA 22313-1450, DR NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissionment for Patternity, P.O., Box 1450, Alexandrias, VA 22313-1450, DR NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissionment for Patternity and the patternity of the Patternity